

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2014

through

M M M / D D D / Y Y Y Y Y Y
02 28 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2014 To: M M / D D / Y Y Y Y Y Y
02 28 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		409043.60
(b) Cash on Hand at Beginning of Reporting Period.....	445336.51	
(c) Total Receipts (from Line 19)	43021.53	114858.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	488358.04	523901.69
7. Total Disbursements (from Line 31)	68424.57	103968.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	419933.47	419933.47
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
02		01		2014

To:

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

30996.66

77603.32

(ii) Unitemized

11287.08

35992.83

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42283.74

113596.15

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

42283.74

113596.15

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

737.79

1261.94

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

43021.53

114858.09

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

43021.53

114858.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	924.57	1468.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	924.57	1468.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67500.00	102500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	68424.57	103968.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68424.57	103968.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42283.74	113596.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42283.74	113596.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	924.57	1468.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	737.79	1261.94
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	186.78	206.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dale Crawford Allison MD

Mailing Address 3301 Alexander Ave

City

Waco

State

TX

Zip Code

76708-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2014

Transaction ID : C2645452

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michelle Lopez Apiado MD

Mailing Address 1275 Winsted Rd Unit 427

City

Torrington

State

CT

Zip Code

06790-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Medicine of CT

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2014

Transaction ID : C2639858

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Brian L Bachelder MD

Mailing Address 5151 TR 126

City

Mount Gilead

State

OH

Zip Code

43338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akron General Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2647780

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 7 OF 40
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rebekah Ann Bernard MD

Mailing Address 19481 Devonwood Cir

City State Zip Code
Fort Myers FL 33967-4850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Collier Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 19 2014

Transaction ID : C2647774

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Kenneth Robert Bertka MD

Mailing Address 8533 Castle Oaks Pl

City State Zip Code
Holland OH 43528-9231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health Partners

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 19 2014

Transaction ID : C2648834

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Janalynn Fish Beste MD

Mailing Address 1212 Vanderhorst Pl

City State Zip Code
Wilmington NC 28405-5327

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Carolina

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 03 2014

Transaction ID : C2638901

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1965.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Russell S Breish MD

Mailing Address 906 Spring Ave

City State Zip Code
Fort Washington PA 19034-1416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestnut Hill Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 08 / 2014

Transaction ID : C2645491

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jennifer L Brull MD

Mailing Address PO Box 147
3000 US HWY 183

City State Zip Code
Plainville KS 67663-0147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2661443

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Domenic Wm Casablanca MD

Mailing Address 4 Corporate Dr
Ste 195

City State Zip Code
Shelton CT 06484-6240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : C2651621

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

866.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank M Castillo MD

Mailing Address 2750 W North Ave

City
Chicago

State
IL

Zip Code
60647-5247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Erie Family Health Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2648833

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Barton A Chase MD

Mailing Address 3856 Highway 57 W
P.O. Box 99

City
Ramer

State
TN

Zip Code
38367-7167

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ramer Family Health Center

Occupation

Physician/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2648993

Amount of Each Receipt this Period

2750.00

Full Name (Last, First, Middle Initial)

c. Christopher Bice Clemow MD

Mailing Address 324 Addis Cir

City
Anderson

State
SC

Zip Code
29626-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer

AN Med Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2647789

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan Mitchell Cook DO

Mailing Address 632 Chesterfield Rd

City

Bogart

State

GA

Zip Code

30622-6817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clarke-Oconee Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2014

Transaction ID : C2645486

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jonathan Mitchell Cook DO

Mailing Address 632 Chesterfield Rd

City

Bogart

State

GA

Zip Code

30622-6817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clarke-Oconee Family Practice

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2648832

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven A Crawford MD

Mailing Address 900 NE 10th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

02 / 23 / 2014

Transaction ID : C2649872

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)..... ►

916.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia A Czapp MD

Mailing Address 102 Melvin Ave

City

Annapolis

State

MD

Zip Code

21401-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2648897

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Keith E Davis MD

Mailing Address PO Box 563

City

Shoshone

State

ID

Zip Code

83352-0563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician Owner/CEO/Med Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 20 / 2014

Transaction ID : C2649672

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Thomas M Dean MD

Mailing Address PO Box 335

409 W. 10th Street

City

Wessington Springs

State

SD

Zip Code

57382-0335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horizon Health Care

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2647782

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Josephine Y Dinkha MBHB

Mailing Address 1851 Beechnut Rd

City

Northbrook

State

IL

Zip Code

60062-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2648909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Heidi Miller Duncan MD

Mailing Address 2711 Gregory Dr N

City

Billings

State

MT

Zip Code

59102-0507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Billings Clinic

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2014

Transaction ID : C2645457

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Eidus MD

Mailing Address 123 N Union Ave

City

Cranford

State

NJ

Zip Code

07016-2173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 26 / 2014

Transaction ID : C2650508

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tricia C Elliott MD

Mailing Address 2214 Hazard St

City

Houston

State

TX

Zip Code

77019-6514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelsey-Seybold Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2648836

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Sarah Jane Fessler MD

Mailing Address 44 Riverside Dr

City

Riverside

State

RI

Zip Code

02915-4717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

02 / 10 / 2014

Transaction ID : C2645677

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

C. Wanda D Filer MD

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

02 / 28 / 2014

Transaction ID : C2651562

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1085.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aaron M Garman MD

Mailing Address 1312 Highway 49

City
Beulah

State
ND

Zip Code
58523-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coal country health.com

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2014

Transaction ID : C2645567

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dennis Lynn Gingrich MD

Mailing Address HMC, FAMILY MEDICINE, H154
500 University Dr

City
Hershey

State
PA

Zip Code
17033-2360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : C2650515

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Janice R Gomersall MD

Mailing Address Physicians Bldg # 3
2835 FORT MISSOULA RD STE 102

City
Missoula

State
MT

Zip Code
59804-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Physician Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2014

Transaction ID : C2645868

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ivan A Gomez Gomez

Mailing Address 155 N Fresno St
Fresno

City State Zip Code
Fresno CA 93701-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : C2649925

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Naomi S Grobstein MD

Mailing Address 48 Fairfield St

City State Zip Code
Montclair NJ 07042-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Family Health Center

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2647768

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. David J Hagan MD

Mailing Address 410 Meadow Rue Dr

City State Zip Code
Gibson City IL 60936-1914

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Gibson City

Family Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : C2646676

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel J Heinemann MD

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : C2641926

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Thomas Lynn Hicks MD

Mailing Address 3258 N Monroe St

City

Tallahassee

State

FL

Zip Code

32303-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patients First

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : C2651611

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Benjamin Tate Hinkle

Mailing Address 1002 Hampton Fall Blvd
Apt 1528

City

Brownsboro

State

AL

Zip Code

35741-8035

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAB School of Medicine

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2014

Transaction ID : C2645487

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1065.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 17 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. David J Hoelting MD

Mailing Address 813 Lloyd St

City State Zip Code
Pender NE 68047-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Pender Medical Clinic Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2648835

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marc D Irwin MD

Mailing Address 911 23Rd St

City State Zip Code
Canyon TX 79015-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Information Requested Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2647797

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rebecca Jaffe Md Mph Jaffe MD

Mailing Address 3105 Limestone Rd
Ste 300

City State Zip Code
Wilmington DE 19808-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Rebecca Jaffe and Asso, PA Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2648903

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leslie Leslie Knight MD

Mailing Address 3024 Alamo Cir

City

Holloman Afb

State

NM

Zip Code

88330-7873

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Air Force

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	4

Transaction ID : C2645489

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Stanley M Kozakowski MD

Mailing Address 13213 Reeder St

City

Overland Park

State

KS

Zip Code

66213-3657

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Academy of Family Physicians

Occupation

Medical Education Administration

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

735.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	8		2	0	1	4

Transaction ID : C2645490

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Kaparaboyana Ashok Kumar MD

Mailing Address 18718 Needle Rock

City

San Antonio

State

TX

Zip Code

78258-4638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	1	4

Transaction ID : C2648890

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1095.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Dennis Lano MD

Mailing Address 4695 Shoreline Drive

City

Spring Park

State

MN

Zip Code

55317-9502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ridgeview Clinics

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 24 / 2014

Transaction ID : C2649917

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert A Lee MD

Mailing Address 9116 Hammontree Dr

City

Urbandale

State

IA

Zip Code

50322-7427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lee and Ruisch

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 27 / 2014

Transaction ID : C2651133

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Gary L LeRoy MD

Mailing Address 761 Kenilworth Ave

City

Dayton

State

OH

Zip Code

45405-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2648873

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Geoffrey L Loman MD

Mailing Address 168 N Brent St Ste 502

City

Ventura

State

CA

Zip Code

93003-2840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brent Street Family Practice

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2647772

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Teresa Grossman Lovins MD

Mailing Address 4365 N Riverside Dr

City

Columbus

State

IN

Zip Code

47203-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 26 / 2014

Transaction ID : C2650514

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Scott Alfred Luking MD

Mailing Address 195 Birdhaven Trl

City

Reidsville

State

NC

Zip Code

27320-8070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reidsville Family Medicine

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2648906

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

915.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew Lutzkanin III

Mailing Address 1835 Blacklatch Ln

City

Middletown

State

PA

Zip Code

17057-2984

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reading Hosp Reading Hlth Sys

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 11 / 2014

Transaction ID : C2645906

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Terry Lee Mills MD

Mailing Address 720 Medical Center Dr

City

Newton

State

KS

Zip Code

67114-8778

FEC ID number of contributing
federal political committee.

C

Name of Employer

Via Christi Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 08 / 2014

Transaction ID : C2645492

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Vasanthan G Naidu

Mailing Address 700 South Gregory Street
Suite A

City

Urbana

State

IL

Zip Code

61801-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 03 / 2014

Transaction ID : C2639856

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sarah Catherine Nosal MD

Mailing Address 40 E 9th St

City

New York

State

NY

Zip Code

10003-6421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Institute for Family Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2014

Transaction ID : C2645466

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. David T O'Gurek MD

Mailing Address 440 W Iron St

City

Summit Hill

State

PA

Zip Code

18250-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2648899

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Daniel J Ostergaard MD

Mailing Address 14547 S Hagan St

City

Olathe

State

KS

Zip Code

66062-9001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : C2649918

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Francis L Pisney MD

Mailing Address 322 1/2 College Ave

City

Iowa Falls

State

IA

Zip Code

50126-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ellsworth Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 03 / 2014

Transaction ID : C2639854

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Daniel H Reiffenberger MD

Mailing Address 4100 Golf Course Rd

City

Watertown

State

SD

Zip Code

57201-5416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 10 / 2014

Transaction ID : C2645679

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Lonnie S Robinson MD

Mailing Address 4683 Old Military Rd

City

Mountain Home

State

AR

Zip Code

72653-4871

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 26 / 2014

Transaction ID : C2650512

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1095.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis F Salisbury MD

Mailing Address 805 W Diamond St

City

State

Zip Code

Butte

MT

59701-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Sisters of Charity of Leavenworth Heal

physician and Chief Physician Executiv

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

02 / 10 / 2014

Transaction ID : C2645669

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Madalyn Schaeffgen MD

Mailing Address 1025 Newgate Dr

City

State

Zip Code

Allentown

PA

18103-9263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2648894

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dean A Schultz MD

Mailing Address 1850 Hickory St

City

State

Zip Code

Abilene

TX

79601-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 19 / 2014

Transaction ID : C2647771

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3165.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia Ann Sereno MD

Mailing Address 10 Morgan Ave

City

Stoneham

State

MA

Zip Code

02180-3417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2014

Transaction ID : C2650511

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael Sevilla MD

Mailing Address 2370 Southeast Blvd
2370 Southeast Blvd

City

Salem

State

OH

Zip Code

44460-3418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Practice Center of Salem

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2661449

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dana Lee Sisk MD

Mailing Address 821 N Main St

City

Bonham

State

TX

Zip Code

75418-3723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2647767

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

980.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel R Spogen MD

Mailing Address Brigham Building MS 316

City State Zip Code
 Reno NV 89557-0046

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of Nevada

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
 02 / 03 / 2014

Transaction ID : C2639876

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Robert L Wergin MD

Mailing Address 10500 W A St

City State Zip Code
 Lincoln NE 68532-9183

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.00

Date of Receipt

MM / DD / YYYY
 02 / 19 / 2014

Transaction ID : C2648839

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

c. Robert L Wergin MD

Mailing Address 10500 W A St

City State Zip Code
 Lincoln NE 68532-9183

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.00

Date of Receipt

MM / DD / YYYY
 02 / 19 / 2014

Transaction ID : C2648887

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2011.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 40
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert L Wergin MD

Mailing Address 10500 W A St

City
Lincoln

State
NE

Zip Code
68532-9183

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : C2651627

Amount of Each Receipt this Period

23.00

Full Name (Last, First, Middle Initial)

B. Shawn Harper Dic West MD

Mailing Address 7315 212th St SW
Ste 101

City

Edmonds

State

WA

Zip Code

98026-7610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2014

Transaction ID : C2650507

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard Andre Wherry MD

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chestatee Regional Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 05 / 2014

Transaction ID : C2640682

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

773.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brent Brent Wright MD

Mailing Address 104 Northwood Dr

City
Glasgow

State
KY

Zip Code
42141-8078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : C2649916

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

B. Kim K Yu MD

Mailing Address 26030 Island Lake Dr

City
Novi

State
MI

Zip Code
48374-2161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2014

Transaction ID : C2661451

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

735.00

30996.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.94

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 12 / 2014

Transaction ID : C2645875

Amount of Each Receipt this Period

709.89

Full Name (Last, First, Middle Initial)

B. American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1261.94

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2014

Transaction ID : C2647390

Amount of Each Receipt this Period

27.90

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

737.79

737.79

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

24.38

MM / DD / YYYY

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

11.86

02 / 11 / 2014

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

16.25

52.49

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category	Percentage
Students who did not pass the exam	16.25

MM / DD / YYYY

2.98

02 / 14 / 2014

117.00

136.23

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

A. American Express

Date of Disbursement

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D154254

Purpose of Disbursement	
Bank card processing fee	

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

3.25

Full Name (Last, First, Middle Initial)

B. American Express

Date of Disbursement

Mailing Address PO Box 53852

M M / D D / Y Y Y Y
02 24 2014

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D154255

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

57.85

Full Name (Last, First, Middle Initial)

C. American Express

Date of Disbursement

Mailing Address PO Box 53852

M M / D D / Y Y Y Y
02 27 2014

City	State	Zip Code
Phoenix	AZ	85072-3852

Transaction ID : D154256

Purpose of Disbursement
Bank card processing fee

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Age Group	Percentage
18-24	1.37
25-34	1.37
35-44	1.37
45-54	1.37
55-64	1.37
65-74	1.37
75-84	1.37
85+	1.37

SUBTOTAL of Disbursements This Page (optional).....

62.47

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

28.28

645.10

924.57

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. AmeriPAC: The Fund for a Greater America

Mailing Address 499 S. CAPITOL ST. S.W. #414

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Transaction ID : D154004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City	State	Zip Code
Washington	DC	20002-5610

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Transaction ID : D153809

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City	State	Zip Code
Richmond	VA	23219

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Eric Cantor

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: VA District: 07

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Transaction ID : D153803

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

20000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROUNDS FOR SENATE

Mailing Address PO Box 250

City	State	Zip Code
Pierre	SD	57501-0250

Purpose of Disbursement
Campaign contribution

Candidate Name

Hon. Mike Rounds

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153997

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LEADERSHIP FOR TODAY AND TOMORROWMailing Address 625 3rd St NE
Apt 2

City	State	Zip Code
Washington	DC	20002-4942

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153995

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ANDY HARRIS FOR CONGRESS

Mailing Address PO Box 1527

City	State	Zip Code
Annapolis	MD	21404

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Andy Harris

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153996

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City	State	Zip Code
Bowling Green	KY	42102

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Brett Guthrie

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153801

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Eric Cantor

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153802

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address 104 Hume Ave

City	State	Zip Code
Alexandria	VA	22301-1015

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Fred Upton

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153807

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kevin Brady

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

Transaction ID : D153805

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BRADY FOR CONGRESS

Mailing Address P.O. BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kevin Brady

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	17	/	2014

Transaction ID : D153806

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Kevin McCarthy

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	28	/	2014

Transaction ID : D153800

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City	State	Zip Code
Denton	TX	76202

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Michael C. BurgessOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153804

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. SIMPSON FOR CONGRESS

Mailing Address 1487 PARKWAY DRIVE

City	State	Zip Code
BLACKFOOT	ID	83221

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Mike SimpsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D154002

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Mailing Address P. O. Box 1919

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Paul D. RyanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D154003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. LEVIN FOR CONGRESS

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement
Campaign contribution

Candidate Name

Rep. Sander M. LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153799

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS FOR U S SENATE INC

Mailing Address PO BOX 433

City	State	Zip Code
GREAT BEND	KS	67530

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Pat RobertsOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153998

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City	State	Zip Code
SEATTLE	WA	98124

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Patty MurrayOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D153808

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

A. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City	State	Zip Code
PORTLAND	OR	97232

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Ron Wyden

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: OR	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D154001

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City	State	Zip Code
BANGOR	ME	04402

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Susan Collins

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: ME	District: 00

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		17		2014

Transaction ID : D153999

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City	State	Zip Code
BANGOR	ME	04402

Purpose of Disbursement
Campaign contribution

Candidate Name

Sen. Susan Collins

Office Sought:	House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: ME	District: 00

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Transaction ID : D154000

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

67500.00
